

(J) On an outpatient basis, cyclosporine shall be covered through the DOSS/DMS "Exception Process". In this regard, the attending physician must request such coverage for each specific case requiring cyclosporine.

(K) All transportation and housing costs incurred in connection with transplant procedures will be treated as "non-covered services".

(L) The transplant procedures and related services outlined previously in this rule will be reimbursable when they are performed/provided by a qualified provider who participates in the Missouri Medicaid program. In cases involving procedures that were performed outside of Missouri, however, the "Medical Review Committee" may, at its discretion, require an eligible client's physician to file a statement indicating why the transplant procedure was being performed at an out-of-state facility.

(3) Procedure

(A) The physician or transplanting facility must make a written request to DOSS/DMS for coverage of the transplant. This request must include, at a minimum, the following information:

1. Diagnosis;
2. Pertinent medical history;
3. Alternative treatments performed and results;
4. Recommended procedure;
5. Prognosis;
6. Second opinion; and
7. Recommended transplant center.

(B) Once the request is received, DOSS/DMS will reimburse qualified providers for a "pre-surgery assessment" at established Medicaid reimbursement rates.

(C) After the "pre-surgery assessment" is completed, medical documentation must be submitted to DOSS/DMS for review by DMS' "Medical Review Committee". This committee will make a recommendation to DMS as to the acceptability of the patient as a transplant candidate. This recommendation must be accompanied by the following information:

1. Verification that the patient meets the facility's "Protocol for the Selection of Transplant Recipients";

2. A physician's statement that the transplant procedure is likely to prolong life or to restore an acceptable range of physical and social function to the recipient; and

3. In cases involving out-of-state facilities, a statement from the client's physician explaining why the transplant procedure is being performed there (NOTE: Such statements may be requested at the discretion of the committee).

State Plan TN# MS 87-5

Effective Date Jan 1, 87

Supersedes TN# \_\_\_\_\_

Approval Date Aug 31, 87

Elshy MS 87-9

July 1986

## (4) Reimbursement

## (A) Facility

1. Charges will be paid by the Medicaid program up to a maximum of one hundred thousand dollars (\$100,000) for facility costs associated with heart, liver and allogeneic bone marrow transplants. This fee will cover acquisition costs, the actual surgery and all post-surgical hospital costs associated with the admission for the surgery.

2. Charges will be paid by the Medicaid program up to a maximum of thirty-nine thousand dollars (\$39,000) for kidney transplants. This fee will cover acquisition costs, the actual surgery and all post-surgical hospital costs associated with the admission for the surgery.

3. Charges will be paid by the Medicaid program up to a maximum of four thousand dollars (\$4,000) for cornea transplants. This fee will cover acquisition costs, the actual surgery and all post-surgical hospital costs associated with the admission for surgery.

4. Payment for all other medical services provided subsequent to the admission for the transplant surgery will be made at the established Medicaid reimbursable rates.

## (B) Physician

1. Payment for the physician's services for the actual transplant surgery for heart, liver, allogeneic bone marrow and cornea transplants will be determined through a medical review by the DMS Physician Consultant.

2. For kidney transplants, the physician will be reimbursed two thousand dollars (\$2,000) for the transplant (CPT-4 50360). If a nephrectomy is also required with the transplant (CPT-4 50365), the reimbursement amount will be two thousand five hundred dollars (\$2,500).

Auth: sections 207.020 and 208.152, RSMo (Supp. 1984) and section 208.153, RSMo (1978). Emergency rule filed April 2, 1986, effective April 12, 1986, expires Oct. 10, 1986. Original rule filed April 2, 1986, effective June 28, 1986.

State Plan TN# MS87-5

Effective Date

Jan 1, 87

Supersedes TN# \_\_\_\_\_

Approval Date

Aug 31, 87

July 1986

*Transplant rules 1115879*